

FEB 08 2005

VIA FACSIMILE: (703)-872-9306

Atty. Docket No. LAC03 P-330

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2875
Examiner : Mark Tsidulko
Applicant : Lee A. Chase
Appln. No. : 10/701,859
Filing Date : November 5, 2003
Confirmation No. : 7796
For : CONTROLLED DEFORMABLE HEADLAMP ASSEMBLY

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted in response to the Office Action mailed November 10, 2004, by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Cover Sheet (in duplicate), and
2. Amendment (consisting of six (6) pages).

YOU SHOULD RECEIVE A TOTAL OF 11 PAGES.

February 8, 2005

Date



Deborah A. Witvoet
Price, Heneveld, Cooper,
DeWitt & Litton, LLP
695 Kenmoor, S.E.
Post Office Box 2567
Grand Rapids, Michigan 49501
(616) 949-9610

Atty. Docket No. LAC03 P-330

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2875
 Examiner : Mark Tsidulko
 Applicant : Lee A. Chase
 Appln. No. : 10/701,859
 Filing Date : November 5, 2003
 Confirmation No. : 7796
 For : CONTROLLED DEFORMABLE HEADLAMP ASSEMBLY

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an amendment in response to the Office Action mailed November 10, 2004, in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 8	Minus	** 20	= 0	x \$25	\$	X \$ 50	\$0
Independent Claims	* 8	Minus	*** 9	= 0	x 100	\$	X \$200	\$0
First Presentation of Multiple Dependent Claims \$180						\$	X \$360	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Applicant : Lee A. Chase
 Appln. No. : 10/701,859
 Page : 2

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
1	Minus	*2	=**0	x \$125	\$	X \$250	\$0

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

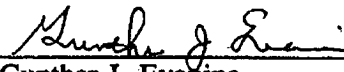
- * If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3
 ** If the entry in Col. 3 is not "0," pay the required fee.

1. ☐ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☒ No additional fee is required.
3. ☐ A fee of \$_____ to cover the cost of the additional claims added by this response is enclosed.
4. ☐ A fee of \$_____ to cover the application size fee is enclosed.
5. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
 DEWITT & LITTON, LLP

February 8, 2005
 Date

GJE/daw


 Gunther J. Evanina
 Registration No. 35 502
 695 Kenmoor, S.E.
 Post Office Box 2567
 Grand Rapids, Michigan 49501
 (616) 949-9610

Atty. Docket No. LAC03 P-330

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2875
 Examiner : Mark Tsidulko
 Applicant : Lee A. Chase
 Appln. No. : 10/701,859
 Filing Date : November 5, 2003
 Confirmation No. : 7796
 For : CONTROLLED DEFORMABLE HEADLAMP ASSEMBLY

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an amendment in response to the Office Action mailed November 10, 2004, in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 8	Minus	** 20	= 0	x \$25	\$	X \$ 50	\$0
Independent Claims	* 8	Minus	*** 9	= 0	x 100	\$	X \$200	\$0
First Presentation of Multiple Dependent Claims \$180						\$	X \$360	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Applicant : Lee A. Chase
 Appln. No. : 10/701,859
 Page : 2

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
1	Minus	*2	=**0	x \$125	\$	X \$250	\$0

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

* If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3

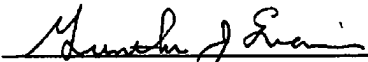
** If the entry in Col. 3 is not "0," pay the required fee.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. X No additional fee is required.
3. _____ A fee of \$_____ to cover the cost of the additional claims added by this response is enclosed.
4. _____ A fee of \$_____ to cover the application size fee is enclosed.
5. X Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
 DEWITT & LITTON, LLP

February 8, 2005

Date


 Gunther J. Evanina
 Registration No. 35 502
 695 Kenmoor, S.E.
 Post Office Box 2567
 Grand Rapids, Michigan 49501
 (616) 949-9610

GJE/daw

RECEIVED
CENTRAL FAX CENTER

FEB 08 2005

PATENT
Atty. Docket No. LAC03 P-330

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2875
Examiner : Mark Tsidulko
Applicant : Lee A. Chase
Appln. No. : 10/701,859
Filing Date : November 5, 2003
Confirmation No. : 7796
For : CONTROLLED DEFORMABLE HEADLAMP ASSEMBLY

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

AMENDMENT

In response to the Office Action mailed November 10, 2004, Applicant requests further consideration in view of the following amendments and remarks.

Please amend the above-referenced application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.